

REMARKS

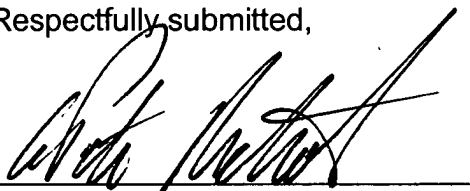
This Supplemental Response is being submitted to correct the unintentionally incomplete response previously filed. Applicants apologize for the oversight.

Claim 2 has been amended to correct an obvious typographical error.

Applicants note the Examiner's remarks concerning the Information Disclosure Statement and wish to point out that an appropriate Information Disclosure Statement and PTO Form 1449 have been submitted but it has not been returned with an indication of the Examiner's review. Applicants would appreciate if the Examiner would consider the cited references and provide the appropriate notation.

Applicants submit that all of the pending claims are in condition for allowance and notice to this effect is respectfully requested. The Examiner is invited to call the undersigned at 312-321-4276 if it would expedite the prosecution of this application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'G. Peter Nichols', is written over a horizontal line.

G. Peter Nichols
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Attorney for Applicants

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